PTO/SB/17 (07-06)
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Effective on 12/08/2	2004	Complete if Known				
FEE TRANSMITTAL For FY 2006		Application Number	10/674,387-Conf. #4434			
		Filing Date	October 1, 2003			
		First Named Inventor	Yoshihide IWAKI			
		Examiner Name	S. T. Kapushoc			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1634			
OTAL AMOUNT OF PAYMENT	(\$) 1,240.00	Attorney Docket No.	2870-0266P			
METHOD OF PAYMENT (check all that apply)						
x Check Credit Card Money Order None Other (please identify):						
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated	below	Charge fee(s)	indicated below, except for the filing fee			
Charge any additional for	fee(s) or underpayments of .16 and 1.17	x Credit any overpayments				

Deposit Account	Deposit Account Numb	рег <u>. 02-2448</u> г	Deposit Accour	nt Name:	Birch, Ste	wart, Kolasch	& Birch, L	LP
For the above-io	dentified deposit	account, the D	irector is h	ereby authorize	ed to: (chec	k all that apply)		
Charge fee	e(s) indicated be	low		Charge	e fee(s) ind	icated below, ex	xcept for th	ne filing fee
	y additional fee(ments of	x Credit	any overpa	yments	-	-
	der 37 CFR 1.16	and 1.17			-	·		
FEE CALCULATION	<u> </u>	****ATION FF						
1. BASIC FILING, SEAF		MINATION FEI G FEES		RCH FEES	EVANAINI	ATION FEES		
		Small Entity	SEAR	Small Entity	EVAIMI	Small Entity		
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees F	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160 .	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEE	s							Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (inc		*					50	25
Each independent claim	•	ng Reissues)					200	100
Multiple dependent clai	ms						360	180
Total Claims Ex	tra Claims F	ee (\$)	Fee Pai	id (\$)	Mu	Itiple Depende	ent Claims	
	× _	= _			<u>Fee</u>	<u>∍ (\$)</u> <u>I</u>	Fee Paid (\$	1
HP = highest number of tota	I claims paid for, if gr	reater than 20.						
Indep. Claims Ex		ee (\$)	Fee Pai	id (\$)				
·=	× _	= _						
HP = highest number of inde	pendent claims paid	for, if greater that	n 3.					
3. APPLICATION SIZE								
If the specification and								
listings under 37 Cl sheets or fraction th					or small en	tity) for each ac	dditional 50)
Total Sheets	Extra Sheets			itional 50 or frac		Foo (f)	Eas f	Daid (#)
	Extra Sneets	/50		ound up to a who			<u>ree r</u>	Paid (\$)
4. OTHER FEE(S)		/30		ound up to a wild	ne number)	•	- 	D-1-1 (f)
Non-English Specific	cation. \$130 fe	e (no small en	tity discou	nt)			rees	<u>Paid (\$)</u>
Other (e.g., late filin		•	•	se within sec	ond month	and 1801		
Odici (c.g., late Illiii				d examination			\$12	40.00

52 Request for continued examination (RCE)					\$1240.00		
SUBMITTED BY	0. 0.						
Signature	Mar the	Registration No. (Attorney/Agent)	32,181	Telephone	(703) 205-8000		
Name (Print/Type)	Marc S. Weiner			Date	December 26, 2006		